2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State 04-04-2003 90103 003 ***150.00

1. Entity Name PHYSICIANS IMAGING PARTNERSHIP, INC.									
Principal Place of Business C/O FRED Q VROQM MD 2801 EDENDERRY DRIVE TALLAHASSEE FL 32308 US		Mailing Address C/O FRED O VROOM MD 2801 EDENDERRY DRIVE TALLAHASSEE FL 32308 US							
2. Principal Suite, Apt	Place of Business	3. Mailing Address Suite, Apt. #, etc.	<u> </u>		4 14 Sriib 5114 ibbis 8(ibi 86104)}	81 8166 B(B)1 41896 B4) E B B B)	
					CHECK HERE I	F MAKING CH			_
City & State		City & State			4. FEI Number 59-2861273		+	plied For t Applicable	}
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8. Fee	75 Add Required	litional d]
	-6: Name and Address of Current F	legistered Agent			7 Name and Address of New Re	gistered Ager	1	 ,	4
			Name	9					7
PIERCE, ROBERT A.			Stree	Street Address (P.O. Box Number is Not Acceptable)				$\frac{1}{2}$	
227 S. CALHOUN ST } TALLAHASSEE FL 32303									1
	•	-	City	!		FL	Zip Code	3	1
R The above	a named entity submits this statement for	the purpose of charging its	registered office	or registered	d agent or both in the Crote of Clor		ocusith .	and accept	4
the obliga	tions of registered agent.	are purpose or changing its	ragistered dilice	o (eñistere/	s agent, or both, in the State of Fior	ica. Tantaniii	21 WILL, 6	and accept	
SIGNATURE	Signature, typed or printed name of registered agent er	d title if applicable. (NOT	E: Registered Agent sig	mature required wi	hen reinstalling)	DATE			
	ILE NOW!!! FEE IS \$150.00				1				1
Afte	r May 1, 2003 Fee will be \$550.00	l			Election Campaign Fina Trust Fund Contribution			May Be to Fees	
Make Chec	k Payable to Florida Department of	State			}	_	,,,,,,,,,		1
10.	, OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	CTORS	IN 11	1 .
TITLE	D	☐ Delete	TITLE	DF.4	recold send Mi		Change	X Addition	ହି
NAME	MAITLAND, CAROL		NAME	170	ocernld, seam, mis 5 Professional Park	Charle.	•	<i>/-</i>	١ş
STREET ADDRESS	4223 BAYPOINT ROAD, P O BOX	28023	STREET ADDRES	s 188.	S Protession in the				¥
CITY-ST-ZIP	PANAMA CITY FL 32411-8023		CITY-ST-ZIP	77711	ALASSON FL 32300	F			lä
TITLE NAME	D MCRAE, CHRISTOPHER T	☐ Datete	TITLE	Pritz	Gerald Michelle		Change	Addition	CR2E034 (10/02)
STREET ADDRESS	1305 BLAKEMORE COURT		STREET ADDRESS	536	4 Appledore Lave				1
CITY-S7-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP	TAll	MASSEE FL 3231	ستحت		ļ	
TITLE	PTS	Delete	TITLE _				hange	Addition	1
, NAME	VROOM, FRED Q. M.D.	***************************************	. NAME.						
STREET ADDRESS CITY-ST-ZIP	1213 HODGES DRIVE TALLAHASSEE FL 32308		STREET ADDRESS CITY-ST-ZIP	s					
TITLE.	V	☐ Delete	TITLE	-{ -		П	hance	Addition	1
NAME	GEISSINGER, JAMES, M.D.		NAME						ĺ
STREET ADDRESS	6168 PICKWICK ROAD	•	STREET ADDRESS	s					
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	-				ļ	
TITLE	٧	☐ Delete	TITLE		<u></u>		hange	Addition	1
NAME	DAVIS, FRANK, M.D.		NAME	1					1
STREET ADDRESS	7 HIBERNIA ROAD		STREET ADDRESS	5					
CITY-ST-ZIP	SAVANNAH GA 31411		CITY-ST-ZIP						1
TITLE	D	☐ Delete	TITLE	}			hange	Addition)	}
NAME	SLADE, GEORGE F		NAME	1					l
STREET ADDRESS	5307 PIMLICO DRIVE		STREET ADDRESS	i				}	1
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZiP						1
12. Thereby of indicated	certify that the information supplied with the on this report or supplemental report is to	his filing does not qualify for	the exemption st	tated in Secti	on 119.07(3)(i), Florida Statutes. I f	urther certify the	at the info	ormation	ı

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

And S. S. / Wen 122 V President

3-31-2003

850-893-3749